

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-0700.M2

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 5, 2002

Re: IRO Case # M2-02-0956-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment is not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a now 27-year-old female whose back was injured ___ when another person fell on her. A lumbar fusion at the L5-S1 level was performed in January 2002.

The patient has been incontinent, and she continues to have pain, especially when she tries

to ambulate. She uses a cane and a walker. A CT scan on 6/28/02 did not show any distinct surgical pathology, but there is considerable scarring. A discogram conducted 4/20/01 was negative at the L4-5 level, which was the only level suspected of possibly needing more surgery on the CT myelogram. The present recommendation is that the patient participate in extensive rehabilitation in order to get her back to a more productive life. Aquatic therapy is recommended as a primary tool to accomplish this.

Requested Service

Installation of an above-ground swimming pool.

Decision

I agree with the carrier's decision to deny the requested swimming pool.

Rationale

Installation of a pool in the patient's yard for aquatic therapy is not a reasonable solution to the patient's problem. The concerns that the patient's incontinence interferes with aquatic therapy in a pool used by other patients can be addressed by the use of disposable, plastic-covered sanitary panties, and / or with pre therapy catheterization, which the patient could do herself. If the patient were the last person of any given day for therapy, the pool would routinely be cleaned after that day. Also, the patient is sensitive to sun, and that would be a problem with an outdoor pool. Maintaining a home pool under the patient's circumstances would be more of a problem than is usual.

I have found that the process of a patient traveling to and from therapeutic sessions is frequently beneficial and adds to the therapy.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code

102.4(h) or 102.5(d). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,
